Image# 14941333689 PAGE 1 / 97

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	orized Committee	Office Use 0	Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Wellcare Health Plan	s, Inc. PAC (WellCare F	PAC)		
ADDRESS (number and street)	8735 Henderson Road			
Check if different than previously reported. (ACC)	Tampa		FL 33634	
2. FEC IDENTIFICATION N	NUMBER ▼ CITY	′▲	STATE ▲ ZIF	P CODE ▲
C C00390575	3. IS	THIS X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report July 15 Quarterly Report October 15	(Q1) Report Due On: Mar 2  Apr 2  (Q1) (c) 12-Day  PRF-Flection	20 (M2) May 20 (M5) 20 (M3) X Jun 20 (M6) 30 (M4) Jul 20 (M7) 4 Primary (12P) 5 Convention (12C)	Aug 20 (M8)  Sep 20 (M9)  Oct 20 (M10)  General (12G)  Special (12S)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)
Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect	(YE) Election	on//		the tate of
Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repo (TER)	rt Election	on//		the tate of
	05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 05	31 2014	· Y
I certify that I have examined	this Report and to the best of r	my knowledge and belief it is tro	ue, correct and complete.	
Type or Print Name of Treasu	rer Thomas Tran			
Signature of Treasurer The	omas Tran	[Electronically Filed] [	Date 06 / 18	2014
NOTE: Submission of false, erro	oneous, or incomplete information	may subject the person signing t	his Report to the penalties	of 2 U.S.C. §437g.
Office Use Only				FORM 3X 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

	Wellcare Health	Plans.	Inc. PAC	(WellCare	PAC)
--	-----------------	--------	----------	-----------	------

Report Covering the Period: From: 05 01 2014 To: 05 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		131970.74
	(b) Cash on Hand at Beginning of Reporting Period	151625.05	
	(c) Total Receipts (from Line 19)	17032.53	93186.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	168657.58	225157.58
7.	Total Disbursements (from Line 31)	10250.00	66750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	158407.58	158407.58
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

I. Receipts	COLUMN A	COLUMN B		
i. neceipts	Total This Period	Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	13947.96	51822.74		
(i) Itemized (use Schedule A)	13947.90	31022.14		
(ii) Unitemized	3084.57	41364.10		
(iii) TOTAL (add	, , , , , ,			
Lines 11(a)(i) and (ii)▶	17032.53	93186.84		
· · · · · · · · · · · · · · · · · · ·				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	17032.53	93186.84		
Totals to Line 33, page 5)  Transfers From Affiliated/Other	7			
Party Committees	0.00	0.00		
Tarty Committees	5,50			
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,			
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(IIOIII Ocitedule 110)	0.00	0.00		
(b) Lovin Funda (from Schodula UE)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	7 7	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
		7 7 7		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	17032.53	93186.84		
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	17032.53	93186.84		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		ursements COLUMN A Total This Period	
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		Total Tillo I Ollow	Calendar Year-to-Date
, ,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
(0)	Expenditures	0.00	0.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Tra	insfers to Affiliated/Other Party		
	mmitteesntributions to	0.00	0.00
and	deral Candidates/Committees d Other Political Committees	3500.00	57000.00
	ependent Expenditures e Schedule E)	0.00	0.00
. Co	ordinated Party Expenditures		
(us	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
Loa	an Repayments Made	0.00	0.00
Loa Ref	ans Madefunds of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ▶	0.00	0.00
. Oth	ner Disbursements	6750.00	9750.00
Fed	deral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) I ederal chare	7 7 7	
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	al Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	10250.00	66750.00
	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)	10050.00	00750.00
iror	m Line 31)	10250.00	66750.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17032.53	93186.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17032.53	93186.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12320 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas Abid Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12539 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12321 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12540 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12322 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12541 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 423.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12323 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) c. Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12544 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lucinda Baily Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12529 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12450 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12545 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 269.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard O. Banner  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  461.50	Date of Receipt  05 09 2014  Transaction ID : SA11AI.12499  Amount of Each Receipt this Period  46.15
Full Name (Last, First, Middle Initial) Richard O. Banner  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  507.65	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12546  Amount of Each Receipt this Period  46.15
Full Name (Last, First, Middle Initial)  Lisa A. Bartley  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12547  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		111.53
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 11 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12501 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Beck Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12548 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Lucy Berenguer Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12549 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

	FOR LI	NE NU	JMBER	:	PAGE	: 1	12 OF	-
Use separate schedule(s)	(check of	only or	ne)					
for each category of the	X 118	, —	11b		11c		12	
Detailed Summary Page	1 1111111	` ⊢	1					_
	l   13		14		15		16	

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Sean L. Bird  Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	05 23 2014
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period
Name of Employer  WellCare  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  211.53	
Full Name (Last, First, Middle Initial)  Scott B. Black  Mailing Address 8735 Henderson Road		Date of Receipt  05 09 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	
Full Name (Last, First, Middle Initial)  C. Scott B. Black		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
SUBTOTAL of Receipts This Page (optional)		96.15
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 13 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 14 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12558 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12530 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12559 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 403.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 15 OF	
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
,g	13 14	15 16	

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  John Burke  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12502  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	Occupation health care  Aggregate Year-to-Date ▼  961.50	- -
Full Name (Last, First, Middle Initial)  John Burke  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	05 23 2014  Transaction ID : SA11AI.12560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1057.65	
Full Name (Last, First, Middle Initial)  C. Amy Carr		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12561  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.53	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	211.53
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12562 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Cesar M. Castilleja Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12496 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) Full Name (Last, First, Middle Initial) c. Cesar M. Castilleja Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12720 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) 102.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 17 OF 97
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NAME OF COMMITTEE (In Full)	2 (14) 110 2 2 2 2 2	
Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  A. Robert A. Champagne		Date of Receipt
Mailing Address 8735 Henderson Road		05 09 2014
City	State Zip Code	Transaction ID : SA11AI.12452
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
Wellcare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	384.60	
Full Name (Last, First, Middle Initial)  Robert A. Champagne		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 _2014 _
City	State Zip Code	Transaction ID : SA11AI.12678
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
Wellcare	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
Full Name (Last, First, Middle Initial)  C. Donna M. Chapman		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.12579
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	211.53	
SUBTOTAL of Receipts This Page (optional)		96.15
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### SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia Ciampa Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12581 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Carolina V. Cisneros Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12443 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) c. Carolina V. Cisneros Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12671 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

$ \rangle$	Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
<u></u> А.	Full Name (Last, First, Middle Initial) Sue E. Clements		Date of Receipt
	Mailing Address 8735 Henderson Road		05 23 2014
	City	State Zip Code	Transaction ID : SA11AI.12582
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer	Occupation	
	Wellcare Health Plans, Inc.	health care	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	211.53	
— В.	Full Name (Last, First, Middle Initial) Christina Cooper	•	Date of Receipt
	Mailing Address 14703 Tudor Chase Dr		05 09 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.12453
	Tampa	FL 33626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46
	Name of Employer WellCare Health Plans	Occupation VP, Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	230.76	
<u> </u>	Full Name (Last, First, Middle Initial) Christina Cooper		Date of Receipt
	Mailing Address 14703 Tudor Chase Dr		05 23 2014
	City	State Zip Code	Transaction ID : SA11AI.12679
	Tampa	FL 33626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46
	Name of Employer	Occupation	
	WellCare Health Plans	VP, Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	269.22	
Г	<u>,</u>		
s	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	96.15
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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12454 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12680 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12455 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12681 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12503 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12724 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12584 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12504 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12725 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional).....

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### SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Natalie D. Davis  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt    M
Full Name (Last, First, Middle Initial) Christopher C. Dawes  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt  05 09 2014  Transaction ID : SA11AI.12456  Amount of Each Receipt this Period  38.46
Full Name (Last, First, Middle Initial) Christopher C. Dawes  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12682  Amount of Each Receipt this Period  38.46
SUBTOTAL of Receipts This Page (optional)		96.15
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.40 Other (specify) Full Name (Last, First, Middle Initial) B. Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12677 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 317.24 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine M. DeMaso Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12586 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 76.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12587 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Karen C. Desotell Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12588 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. David W. Deweese Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12589 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12457 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Grace Diaz Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12683 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa V. Downey Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12458 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a 11b 14	11c   12 15   16	717

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12593 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City Zip Code State Transaction ID: SA11AI.12594 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify)

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Full Name (Last, First, Middle Initial) Ryan B. Fogarty		Date of Receipt
Mailing Address 8735 Henderson Road		05 09 2014
City	State Zip Code	Transaction ID : SA11AI.12444
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.30	

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FEC Schedule A (Form 3X) Rev. 02/2003

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12672 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) B. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12445 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) c. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul H. Frank Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12595 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. David J. Gallitano Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12531 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. David J. Gallitano Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12750 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) 403.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12596 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12505 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12726 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jennifer E. Gillespie Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12462 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer E. Gillespie Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12688 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12506 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 33 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X 11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Elizabeth Goodman  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1057.65	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12727  Amount of Each Receipt this Period  96.15
Full Name (Last, First, Middle Initial)  Patricia B. Guay  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Patricia B. Guay  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Wellcare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12689  Amount of Each Receipt this Period  38.46
SUBTOTAL of Receipts This Page (optional)	·····	173.07
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12507 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12728 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12508 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	3	35 O	F	9
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		٦1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Gregg Haddad Date of Receipt Mailing Address 8735 Henderson Road 2014 23 City State Zip Code Transaction ID: SA11AI.12729 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Marcia B. Halbert Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12597 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify)

Full Name (Last, First, Middle Initial) c. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12598 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

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211.53

Primary

Other (specify)

General

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12464 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12690 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Camille C. Hamid Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12599 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12600 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12465 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 647.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Richard M. Hanks Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12691 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 685.86 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 38 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12466 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12692 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Christine M. Hayes Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12601 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 39 OF 97 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12509 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12730 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12467 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 40 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa Hershiser Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12693 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12468 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12694 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE N	NUMBER:	PAGE	E 41 C	F S	:
Use separate schedule(s)	(check only	one)				
for each category of the Detailed Summary Page	X 11a	11b	11c	12		
zotanou cummary r ago	13	14	15	16		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tanya Hillary Date of Receipt Mailing Address 8735 Henderson Road 2014 23 City State Zip Code Transaction ID: SA11AI.12602 FM Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12510 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12731 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing

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673.05

C

Occupation

health care

Aggregate Year-to-Date ▼

96.15

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

	FOR LINE I	NUMBER:	PAGE	: 42 O	F
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
/	, (**GIIGAIG 1 /7G)	
Full Name (Last, First, Middle Initial)  Number (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		05 09 2014
City	State Zip Code	Transaction ID : SA11AI.12469
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	384.60	
Full Name (Last, First, Middle Initial)  William Hinsdale		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 _2014 _
City	State Zip Code	Transaction ID : SA11AI.12695
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
Full Name (Last, First, Middle Initial)  D. John J. Hofstetter		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.12604
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	211.53	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	96.15
TOTAL This Period (last page this line number	only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 43 OF Use separate schedule(s)

TEMIZED RECEIPTS	Date of Receipt    Date of Receipt	X 11a 11b 11c 12
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellC	Care PAC)	
Primary General Other (specify) ▼	33634  on re e Year-to-Date ▼	05 09 2014  Transaction ID: SA11AI.12511  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Marla P. Holcomb  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer Wellcare Health Plans, Inc.  Receipt For: Primary General Other (specify)   Occupation health car	33634  on e e Year-to-Date ▼	05 23 2014  Transaction ID : SA11AI.12732  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Christopher H. Horan  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer WellCare Receipt For: Primary General Other (specify)   General Other (specify)	33634  on re e Year-to-Date ▼	05 23 2014  Transaction ID : SA11AI.12605  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		211.53

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12512 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12733 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Hurter Date of Receipt Mailing Address 901 N. Hemlock Lane 05 23 2014 City State Zip Code Transaction ID: SA11AI.12606 IL Mount Prospect 60056 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 45 OF 97 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12532 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12751 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jason Inman Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12608 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 403.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 46 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12470 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12696 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12471 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	Detailed Summary Page    13	
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Goran Jankovic  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	05 23 2014  Transaction ID: SA11AI.12697  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	05 09 2014  Transaction ID : SA11AI.12513  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	05 23 2014  Transaction ID: SA11AI.12734  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	230.76
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 48 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City State Zip Code Transaction ID: SA11AI.12472 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12698 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** Anthony J. Jones Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12610 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	ЭR	LINE	NU	MBER	:	PAGE	 19	OF		97
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Detailed Summary Page	-	X	11a		11b		11c	12	Г	_	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12611 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12473 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12699 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCa	re PAC)	
Full Name (Last, First, Middle Initial)  A. Stephen Jones			Date of Receipt
Mailing Address 8735 Henderson Road			05 09 2014
City	State	Zip Code	Transaction ID : SA11AI.12514
Tampa	FL	33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.15
Name of Employer	Occupation		
WellCare	health care		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General  Other (specify) ▼		961.50	
Full Name (Last, First, Middle Initial)  3. Stephen Jones			Date of Receipt
Mailing Address 8735 Henderson Road	05 23 2014		
City	State	Zip Code	Transaction ID : SA11AI.12735
Tampa	FL	33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.15
Name of Employer WellCare	Occupation health care		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General  Other (specify) ▼		1057.65	]
Full Name (Last, First, Middle Initial)  Stephanie R. Kelley			Date of Receipt
Mailing Address 8735 Henderson Road			05 23 2014
City	State FL	Zip Code	Transaction ID : SA11AI.12612
Tampa		33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.23
Name of Employer	Occupation		
WellCare	health care		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General  Other (specify) ▼		211.53	
SUBTOTAL of Receipts This Page (options	al)	)	211.53
TOTAL This Period (last page this line nur	nber only)	)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12515 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12736 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12446 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 213.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 52 OF 97 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12674 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12614 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12615 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 59.29 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		13		14		15		16		٦1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12516 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12737 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12616 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 54 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12517 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12738 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory A. LaManna Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12474 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 55 OF 97

Template Per Primary   Contributing federal political committee.   Cocupation   Primary   Contributing federal political committee.   Primary   Contributing federal political committee.   Cocupation   Cocupati		
		erson for the purpose of soliciting contributions
, ,	C (WellCare PAC)	
A. Gregory A. LaManna  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	05 23 2014  Transaction ID: SA11AI.12700  Amount of Each Receipt this Period
Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  General	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	05 09 2014  Transaction ID : SA11AI.12518  Amount of Each Receipt this Period
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  General	FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1057.65	05 23 2014  Transaction ID: SA11AI.12739  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		230.76
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 56 OF 97 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Letty M. Lian-Segawa Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12618 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Lopez Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12475 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Frank Lopez Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12701 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
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97 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12620 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12519 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12740 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Brock R. Manz  Mailing Address 8735 Henderson Road		Date of Receipt
Mulicos 6/35 Henderson Road		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.12621
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare	health care	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
Other (specify) ▼	211.00	
Full Name (Last, First, Middle Initial)  3. Joanna M. Maslanka		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.12623
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	211.53	
Full Name (Last, First, Middle Initial) Carole A. Matyas	1	Date of Receipt
Mailing Address 8735 Henderson Road		05 09 2014 _
City	State Zip Code	Transaction ID : SA11AI.12520
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
Wellcare Health Plans, Inc.	health care	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	961.50	
SUBTOTAL of Receipts This Page (option	nal)	134.61
	<u> </u>	
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 59 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12741 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Leslie D. McKenzie Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12447 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 136.21 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Leslie D. McKenzie  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  229.13	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12675  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial)  Sarah Helene McKinnie  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Wellcare  Receipt For:  Primary  Other (specify)   General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Elizabeth M. Miller  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	59.29
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12627 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12521 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12742 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12628 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12629 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly A. Munson Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12630 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 63 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Gina Newberry  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Gina Newberry  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Sharon Nisbet  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  961.50	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional).		173.07
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12743  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  1057.65	
Full Name (Last, First, Middle Initial)  Michael J. Orlosky  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12478  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare	Occupation health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	
Full Name (Last, First, Middle Initial)  Michael J. Orlosky		Date of Receipt
Mailing Address 8735 Henderson Road		05 23 2014 _
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12704  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare	Occupation health care	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  423.06	
SUBTOTAL of Receipts This Page (optional)		173.07
TOTAL This Period (last page this line number		

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12523 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12744 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12533 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 66 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12752 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. William A. Prince Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12634 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Jayme Anelalani Puu Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12479 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Jayme Anelalani Puu  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12705  Amount of Each Receipt this Period  38.46
Full Name (Last, First, Middle Initial)  Jeffrey S. Ray  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  416.60	Date of Receipt  05 09 2014  Transaction ID: SA11AI.12497  Amount of Each Receipt this Period  41.66
Full Name (Last, First, Middle Initial)  Jeffrey S. Ray  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  458.26	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12721  Amount of Each Receipt this Period  41.66
SUBTOTAL of Receipts This Page (optional)		121.78
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12635 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Karen L. Reine Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12706 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. David T. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 2014 05 23

Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.2
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.53	

Zip Code

33634

State

FL

76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

19.23

Transaction ID: SA11AI.12636

City

Tampa

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wendy J. Reynolds Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12637 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12481 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12707 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 70 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	VellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare  Receipt For:  Primary  Other (specify) ▼  Age	State Zip Code FL 33636  cupation alth care gregate Year-to-Date   384.60	Date of Receipt  05 09 2014  Transaction ID: SA11AI.12482  Amount of Each Receipt this Period  38.46
Tampa  FEC ID number of contributing federal political committee.  Name of Employer Wellcare  Persoint For:	State Zip Code FL 33636  Cupation alth care gregate Year-to-Date   423.06	Date of Receipt  M M M / D 23 2014  Transaction ID: SA11AI.12708  Amount of Each Receipt this Period  38.46
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Persoint For:	State Zip Code FL 33634  Cupation alth care gregate Year-to-Date ▼  211.53	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	·····	96.15

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12524 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12484 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12710 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12639 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) **c.** Patricia A. Russell Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12640 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) PAGE 73 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellC	Care PAC)	
Primary General Other (specify) ▼		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Abby Dritz Salzer  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer Wellcare Health Plans, Inc.  Receipt For: Primary General Other (specify)   Address 8735 Henderson Road  Occupation health ca		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Abby Dritz Salzer  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)   C  Adgrega		Date of Receipt  05 23 2014  Transaction ID : SA11AI.12711  Amount of Each Receipt this Period  38.46
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)		115.38

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for each category of the Detailed Summary Page	×	11a		11b		11c	12	
		13		14		15	16	1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12448 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12676 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) **c.** George D. Shafer Date of Receipt

Mailing Address 8735 Henderson Road 2014 05 23 Zip Code City State Transaction ID: SA11AI.12642 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53

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SUBTOTAL of Receipts This Page (optional)	L			7		7			60.8	9	
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TOTAL This Period (last page this line number only)	L	1		7		7			ж.		

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Elliott A. Shaw, Jr.  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 09 2014  Transaction ID : SA11AI.12500  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Elliott A. Shaw, Jr.  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  550.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Randall Simmons  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12643  Amount of Each Receipt this Period  19.23
SUBTOTAL of Receipts This Page (optional)		119.23
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Lawrence R. Smart  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Alan R. Smith  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  961.50	Date of Receipt    M
Full Name (Last, First, Middle Initial) Alan R. Smith  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1057.65	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12746  Amount of Each Receipt this Period  96.15
SUBTOTAL of Receipts This Page (optional)		211.53
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12645 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12487 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12712 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12646 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12488 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12713 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Eva E. Sullivan Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12647 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12526 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher P. Surrell Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12747 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare head	State Zip Code FL 33634  Cupation alth care gregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12648  Amount of Each Receipt this Period  19.23
Tampa  FEC ID number of contributing federal political committee.  Name of Employer Wellcare Health Plans, Inc.	State Zip Code FL 33634  Coupation alth care gregate Year-to-Date ▼  211.53	Date of Receipt    M M M
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare head	State Zip Code FL 33634  Coupation alth care agregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12650  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number only)		

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	13		14		15	16	;	17

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Blair Todt Mailing Address 8735 Henderson Road		Date of Receipt
City	Stata 7in Cada	05 09 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12534
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  192.30
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	
Full Name (Last, First, Middle Initial)  Blair Todt  Mailing Address 8735 Henderson Road		Date of Receipt
		05 23 2014
City	State Zip Code FL 33634	Transaction ID : SA11AI.12753
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc.	Occupation health care	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1346.10	
Full Name (Last, First, Middle Initial)	I	Date of Descript
Thomas Tran  Mailing Address 8735 Henderson Road		Date of Receipt  05 09 2014
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.12535  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	
SUBTOTAL of Receipts This Page (option	al)	576.90
	<u> </u>	
<b>FOTAL</b> This Period (last page this line nul	mper only)	

FOR LINE NUMBER: PAGE 82 OF 97 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Tran Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12754 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12651 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12490 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 83 OF 97 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12715 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12491 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Steven A. Vetrano Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12716 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER	: PAGI	E 84	OF
Use separate schedule(s)	(check only	y one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,	13	14	15	16	Г

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Leonel Viel  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12652  Amount of Each Receipt this Period  19.23
Full Name (Last, First, Middle Initial)  Karen J. Viera  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12653  Amount of Each Receipt this Period  19.23
Full Name (Last, First, Middle Initial)  Timothy R. Waggoner  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12654  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	57.69
TOTAL This Period (last page this line number	only)	7 7 7

FOR LINE NUMBER: PAGE 85 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12655 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12656 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12498 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) 80.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 86 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12722 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 09 05 2014 City State Zip Code Transaction ID: SA11AI.12495 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 100.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 87 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 2014 City State Zip Code Transaction ID: SA11AI.12719 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Teddy J. Webster Date of Receipt Mailing Address 8735 Henderson Road 05 09 2014 City State Zip Code Transaction ID: SA11AI.12492 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Teddy J. Webster Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12717 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 116.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 88 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial)  Stephen G. Weiss  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare  Receipt For: Primary Other (specify)   General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID: SA11AI.12658  Amount of Each Receipt this Period  19.23
Full Name (Last, First, Middle Initial)  Richard A. Wellons  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  05 23 2014  Transaction ID : SA11AI.12660  Amount of Each Receipt this Period  19.23
Full Name (Last, First, Middle Initial)  Sandra White  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  Wellcare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt  05 09 2014  Transaction ID: SA11AI.12493  Amount of Each Receipt this Period  38.46
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	76.92
TOTAL This Period (last page this line number o	nly)	

FOR LINE NUMBER: PAGE 89 OF

TEMIZED DECEIDTS	Use separate schedule(s)	(check only one)									
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12		
Any information copied from such Reports and Statem		y not be sold or used by any pe					f sol			ibutio	
or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCa	re PAC)									
Full Name (Last, First, Middle Initial)  A. Randolph S. Wojnarowicz				Date of	Red	ceipt					
Mailing Address 8735 Henderson Road				M = M	/	23	D	/ Y	201		
	State	Zip Code		Transa	acti	on ID :	: SA	11AI.1			
	FL	33634	-  :	Amount	of I	Each F	Rece	eipt thi	is Per	iod	
FEC ID number of contributing federal political committee.						,		7		19.2	3
Name of Employer Oc	cupation										
	alth care										
Receipt For: Ag Primary General	gregate \	Year-to-Date ▼									
Other (specify)		211.53									
Full Name (Last, First, Middle Initial)  3. Chang Xie				Date of	Red	ceipt					
Mailing Address 8735 Henderson Road				M = M	/	23	D	/ Y	2014	Y = Y	1
•	State FL	Zip Code 33634		Transa Amount		on ID :	SA		2662		_
FEC ID number of contributing federal political committee.				inount		1		7	.5 . 01	19.2	3
Wollogra Haalth Blans, Inc.	cupation										
	gregate \	Year-to-Date ▼									
Primary General Other (specify) ▼	-	211.53									
Full Name (Last, First, Middle Initial)  C. Shaojuan Xie				Date of	Red	ceipt					
Mailing Address 8735 Henderson Road				M = M	/		D B	/ Y	2014	Y	
	State FL	Zip Code		Trans							
	rL .	33634	- 1	Amount	of I	Each F	Rece	eipt thi	is Per	iod	
FEC ID number of contributing federal political committee.						,		7		19.2	3
' '	cupation										
Pagaint For:	alth care										
Primary General	gregate \	Year-to-Date ▼									
Other (specify)		211.53									
SUBTOTAL of Receipts This Page (optional)						,		7		57.69	9
TOTAL This Period (last page this line number only).		<b>&gt;</b>				,		7			

FOR LINE NUMBER: PAGE 90 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12527 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12748 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) **c.** Kristy Yarcho Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12664 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Name of Employer

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	: (	91 C	)F	9
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		71

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 2014 23 City State Zip Code Transaction ID: SA11AI.12665 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City Zip Code State Transaction ID: SA11AI.12666 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee.

WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	health care  Aggregate Year-to-Date ▼  211.53	
Full Name (Last, First, Middle Initial)  C. Belinda Young  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	05 23 2014  Transaction ID : SA11AI.12667  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare	health care	
Receipt For:  □ Primary □ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

57.69

FOR LINE NUMBER: PAGE 92 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

97

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 09 2014 City State Zip Code Transaction ID: SA11AI.12528 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12749 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) c. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12668 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 93 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

97

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2014 09 City Zip Code State Transaction ID: SA11AI.12494 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 City State Zip Code Transaction ID: SA11AI.12718 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 05 23 2014 Zip Code City State Transaction ID: SA11AI.12670 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... 13947.96 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Hoo or and the late	FOR LINE	=	PAGE 94 OF 97
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	he   (criccit crit)	,	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Stater				
or for commercial purposes, other than using the nan	ne and address of any p	olitical committee to	solicit contributions fr	om such committee.
NAME OF COMMITTEE (In Full)	MallOa== DAO\			
Wellcare Health Plans, Inc. PAC (V	vellCare PAC)			
Full Name (Last, First, Middle Initial)			Data of Dist	
A. Graham for Congress			Date of Disburseme	ent
Mailing Address P. O. Box 310			05 27	2014
	State Zip Code		Transaction ID : \$	SR23 12756
Tallahassee Purpose of Disbursement	FL 32302		Transastion is . (	5520.12700
contribution			Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Gwen Graham		Туре		2500.00
	ment For: 2014			
Senate President	Primary General Genera	aı		
State: FL District: 02	Onler (Specify)			
Full Name (Last, First, Middle Initial)				
B. Hanabusa for Hawaii			Date of Disburseme	ent
i idilabasa isi i lawali			M = M / D = D	/ Y Y Y Y
Mailing Address P. O. Box 847			05 08	2014
•	State Zip Code		Transaction ID : \$	SB23.12758
Lahaina Purpose of Disbursement	HI 96767			
contribution			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Colleen Wakako Hanabusa		Type		1000.00
Office Sought: House Disburser	ment For: 2014	'		
	Primary General	al		
President	Other (specify) ▼			
State: HI District:  Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	ent
			M = M / D = D	/ Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
000		Туре		
	ment For:	ol.		
Senate   President	Primary General Gener	aı		
State: District:	Office (Specify)			
2.00				
SUBTOTAL of Disbursements This Page (optional)				3500.00
TOTAL This Period (last page this line number only)	)			3500.00

SCHEDULE B (FEC Form 3X)	Hee comments and add /	, FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	
	Detailed Summary Page		22 23 24 25 28 28c X 29
Any information copied from such Reports and State			on for the purpose of soliciting contributions
or for commercial purposes, other than using the nat	me and address of any polit	tical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	MallCare DAC)		
ight angle Wellcare Health Plans, Inc. PAC (	vvelicare PAC)		
Full Name (Last, First, Middle Initial)			Date of District
A. David Ige for Governor			Date of Disbursement
Mailing Address P. O. Box 2999			05 08 2014
City	State Zip Code		Transaction ID : SB29.12765
Aiea Purpose of Disbursement	HI 96701		
non-federal contribution			Amount of Each Disbursement this Perio
Candidate Name		Category/	F00 00
Office Squaht	ment For	Type	500.00
Office Sought: House Disburse Senate	ement For:    Primary   General		
President	Other (specify)		
State: District:	· · · · · ·		
Full Name (Last, First, Middle Initial)			
B. Friends of Karl Rhoads			Date of Disbursement
Mailing Address P. O. Box 37443			05 08 2014
City	State Zip Code		Transaction ID : SB29.12763
Honolulu Purpose of Disbursement	HI 96837		· · · · · · · · · · · · · · · · · · ·
non-federal contribution			Amount of Each Disbursement this Perio
Candidate Name		Category/	252.55
0.00		Type	250.00
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	(-poon)/ ▼		
Full Name (Last, First, Middle Initial)			
C. Friends of Rosalyn Baker			Date of Disbursement
Mailing Address P. O. Box 10394			05 08 2014
Maining Additions F. U. DUX 10094			2014
City	State Zip Code		Transaction ID : SB29.12764
Lahaina Purpose of Disbursement	HI 96761		
non-federal contribution			Amount of Each Disbursement this Perio
Candidate Name		Category/	
2//		Type	500.00
	ement For:		
Senate President	Primary General Other (specify)		
State: District:	J Canor (opeony) ▼		
SUBTOTAL of Disbursements This Page (optional).			1250.00
G · (-1)			
TOTAL This Period (last page this line number only	′)		45 1 45 1 47

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 96 OF 97
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) (check only	NONDELL.
	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	Dotanou Guillilary i age	27	28a 28b 28c X 29 30b
Any information copied from such Reports and S			
or for commercial purposes, other than using the	name and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	\ (\A\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
$ \; angle$ Wellcare Health Plans, Inc. PAC	(WellCare PAC)		
Full Name (Last, First, Middle Initial)			
A. Kentucky Chamber PAC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 464 Chenault Road			05 06 2014
City	State Zip Code		
Frankfort	KY 40601		Transaction ID : SB29.12317
Purpose of Disbursement			
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Office Sought: House Disbu	rsement For:	Туре	
Senate Sought.	Primary General		
President	Other (specify) ▼		
State: District:	·		
Full Name (Last, First, Middle Initial)			
B. McKelvey for House			Date of Disbursement
Mailian Address B. O. B. 197			M M / D D / Y Y Y Y Y
Mailing Address P. O. Box 847			05 08 2014
City	State Zip Code		Transaction ID : SB29.12766
Lahaina	HI 96767		Transaction ID : SB29.12700
Purpose of Disbursement non-federal contribution			Amount of Fook Dickursoment this Deviced
Candidate Name			Amount of Each Disbursement this Period
Canadato Namo		Category/ Type	500.00
Office Sought: House Disbu	rsement For:	1,752	,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	ougo Truot		Date of Disbursement
C. Republican Party of Kentucky H	ouse musi		M M / D D / Y Y Y Y
Mailing Address P. O. Box 1068			05 06 2014
City	State Zip Code KY 40602		Transaction ID : SB29.12315
Frankfort Purpose of Disbursement	K1 40002		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
		Туре	2500.00
	rsement For:		
Senate   President	Primary General Other (specify) ▼		
State: District:	Other (apecity)		
SUBTOTAL of Disbursements This Page (option	al)		4500.00
TOTAL This Period (last page this line number	only)		1

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ed by any persoal committee to	Date of Disbursement  Transaction ID: SB29.12314  Amount of Each Disbursement this Period
Category/	Date of Disbursement  Transaction ID: SB29.12314  Amount of Each Disbursement this Period
Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Category/	
Type	
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